



# F.I.S.H. Volleyball Registration Form

PLEASE PRINT: Today's Date \_\_\_\_\_

Player's Name \_\_\_\_\_ Circle: Male Female

D.O.B. \_\_\_\_\_ Present Age \_\_\_\_\_ Grade \_\_\_\_\_ Shirt Size \_\_\_\_\_ Amount Paid \_\_\_\_\_  
(mm/dd/year)

## CONTACT INFORMATION:

Parent's Name \_\_\_\_\_ Phone: C- \_\_\_\_\_ C- \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parent's Email Address: \_\_\_\_\_

Player's Email \_\_\_\_\_ Player's Cell Phone \_\_\_\_\_

## VOLUNTEER POSITIONS: Please check off areas that you would be willing to help. **Home games needs are in red**

- |   |  |
|---|--|
| <input type="checkbox"/> Score table / libero trackers                            | <input type="checkbox"/> <b>Pre-game singing of Anthem</b>       |
| <input type="checkbox"/> Line judges  | <input type="checkbox"/> Photographer/videographer               |
| <input type="checkbox"/> Admission collections / gate                             | <input type="checkbox"/> Organize senior day/alumni game         |
| <input type="checkbox"/> <b>Pre-game announcements, prayer &amp; player intro</b> | <input type="checkbox"/> Planning or hosting end of season party |
| <input type="checkbox"/> <b>Pre-game set up (tables, nets, speaker, etc)</b>      | <input type="checkbox"/> Car-pooling players to away games       |
| <input type="checkbox"/> <b>Post-game cleanup and take down</b>                   |  |

Are there any special medical needs or physical challenges that we should be aware? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

In case of emergency and Parent/Guardian cannot be reached, please contact:

\_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

## Authorization and Hold Harmless Agreement:

As my child's parent or legal guardian, I give my permission for my son / daughter to participate in these team sports. I agree to assume full responsibility for my child's conduct at any sports related activity including practices, games and transportation to and from games throughout the season. As parent(s) &/or legal guardian of this child, I/We agree to hold F.I.S.H., the host church/facility and/or the team coaches, harmless for any accident and/or injury that may occur to my child while participating in this sports program. This includes practices, clinics, sports camps, and games that are held on church grounds and/or other participating school grounds, practice grounds or parks. I also understand that I must provide my child's medical insurance.

Parent / Guardian: \_\_\_\_\_ Date: \_\_\_\_\_